Social and Rehabilitation Service UNITED STATES DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE Volume 1/Numbers 10-11/April-May 1973
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EARLY SCREENING

MEDICAID IS FINDING AND TREATING THE HEALTH PROBLEMS OF CHILDREN IN ELIGIBLE LOW-INCOME FAMILIES.

HUMAN NEEDS
Vol. 1, Nos. 10-11/April-May 1973

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PHOTOS: Cover, Lee Britz and Sheldon Cohen; page 5, Leo Choplin (Black Star); pages 14, 16, 17, Ted Rozumalski (Black Star); page 19, Jan Faul; pages 21-24, Frank Shoemaker (Black Star); page 27,

This new 32-page booklet describes the kinds of care and services found in good nursing homes and has an item-by-item checklist for use in judging and selecting these facilities.

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Cover Notes

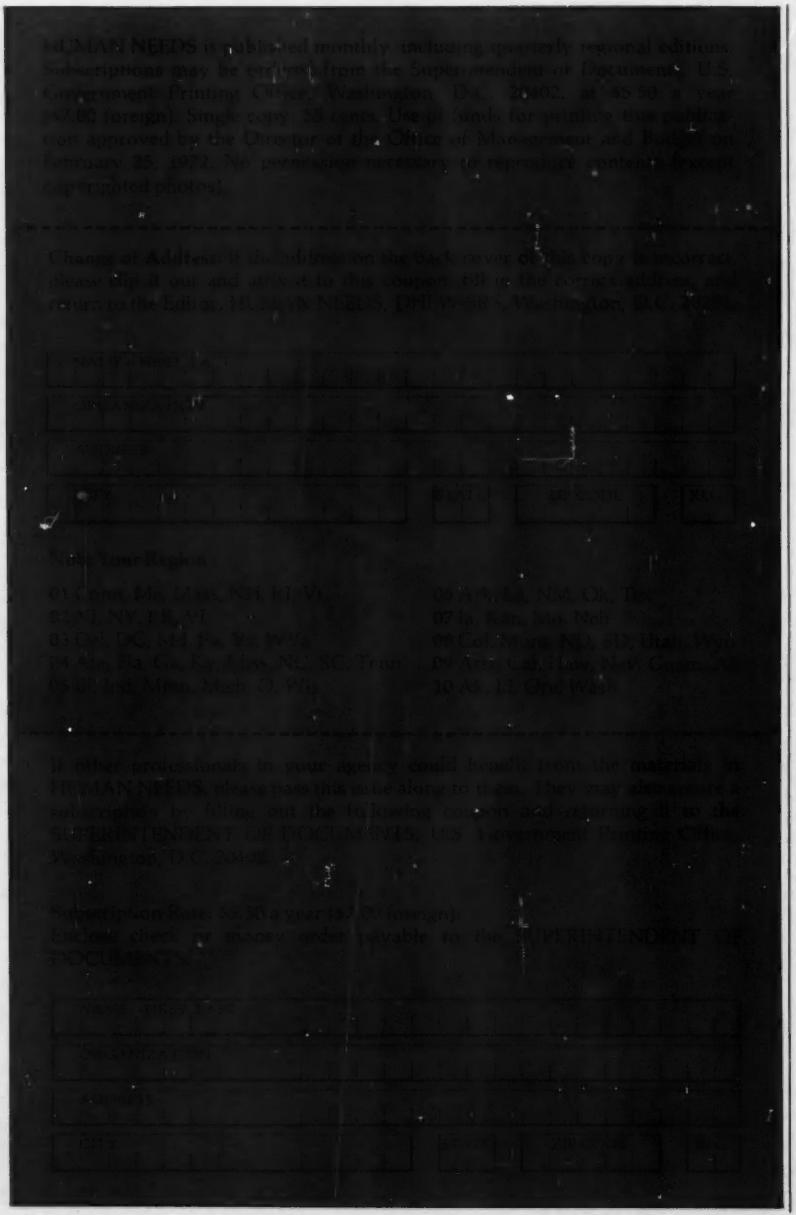
Although computers are made of metal and wires instead of flesh and blood, they can be applied to human needs.

State-local administrators across the country are changing from manual data processing to computers. Their goals are to increase the efficiency of operations for handling claims and benefits; to free social workers from clerical tasks; to increase the speed with which payments programs can be adapted to changing rules and procedures; to provide statistical data for research and management reports; and to enable monitoring of program costs and effectiveness.

Once appropriate data are stored and computer programs written, administrators can find out quickly why a client's public assistance check was delayed, how many local AFDC mothers are eligible to participate in job training programs, or how much was paid out for drugs by a State's Medicaid program in a specific month. Public assistance clients and services providers can receive timely, accurate payments. Planners can get an overview of the social service needs of a community.

Computers are not only *faster* than people; they handle data *better* than people do in three ways: they always remember to do every step in a data processing operation, they standardize logic to eliminate subjective bias, and they make virtually no errors.

But computers do not replace Man, they extend his ability to organize and analyze large quantities of information. They are valuable tools for planning and continually improving social service programs. We need to make the best use of them "to accelerate the effort," as the President said, "to turn science and technology to the service of man." —B.W.S.



New planning for the Foster Child

BEATRICE L. GARRETT. The welfare of foster children depends on the community, and the challenges are clear. If foster child care is to work, local citizens will have to better understand the plight of foster children. For, to a large extent, foster care depends on the public to provide the resources necessary for good services for foster children and their families. A *community commitment* to the goals of foster care thus becomes a *sine qua non* for a successful approach to serving the welfare of foster children.

Many agencies serving foster children have long struggled with problems of inadequate financing and overwhelming workloads. Community apathy is part of the problem. It stems largely from the failure of many foster care agencies to communicate effectively with local citizens. This failure needs to be corrected.

The Children's Bureau of the Office of Child Development and the Community Services Administration of the Social and Rehabilitation Service are working together to help agencies serving foster families communicate more effectively with the citizens in their communities—and especially with the influential people who make the decisions on social service policy and funding. The two Federal agencies have also taken steps to help social agencies upgrade foster family services in their communities by encouraging the establishment of new mechanisms at national and local levels to stimulate action for foster children.

As a first step in this effort, the Children's Bureau and the Community Services Administration funded and directed the first National Conference of Foster Parents, held in Chicago, Illinois, in May 1971. More than 800 foster parents and social workers attended the conference and voted to form a national association.

Foster parents are a major, essential resource in serving foster children. Over the past ten years, many foster parents have formed local and State foster parent organizations to work with child welfare agencies to bring about improvements in health, educational, and other services for foster children. The Children's Bureau and the Community Services Administration helped arrange the first National Conference of Foster Parents in order to provide an opportunity for local and State foster parent groups to join together in an effective organization.

After the Chicago conference, the Children's Bureau awarded a project grant to the Child Welfare League of America. The League's project had three objectives:

- to assist in the formation of the National Association of Foster Parents
- to provide technical assistance and consultation to State and local foster parent associations, and
- to develop course materials and educational opportunities for foster parents throughout the Nation.

Because many foster children come into care as a result of destructive emotional problems in their family environment, today's foster parents need special training in understanding and coping with the deprivations and distorted emotional reactions of these children.

In May 1972, a year after the first conference, a second national conference attended by more than 1,200 foster parents and social workers was held in Denver, Colorado. At this conference, a constitution was adopted for the National Association of Foster Parents, and arrangements were made for the election of officers. The goals for this new organization, included bringing together "all foster parents, agency representatives, and community people" and working "in cooperation with public and private child welfare agencies in improving foster family services."

A second significant step to build action for foster children and to make the public aware of their special problems was taken in 1972. President Nixon proclaimed a National Action for Foster Children Week to be observed April 9-15 of that year. At the first National Conference of Foster Parents, the delegates had unanimously recommended an annual event of this type. The Children's Bureau joined with the Community Services Administration, the Bureau of Indian Affairs, and other Federal agencies to plan this event.

The President's Proclamation stated: "I urge national, State, and local government officials, voluntary agencies, and private groups. . .to give special attention to the needs of foster children, to plan concerted action between agencies and citizens for improving and expanding services for foster children, to assist in the rehabilitation of their families, and to help recruit more foster parents."

Communities across the country observed the week in various ways. In Denver, Colorado, the Mayor honored "Foster Parents of the Year." In Berkeley, California, 60 churches observed "Foster Child Sunday." In Washington, D.C., Dr. Frederick Green, Associate Chief of the Children's Bureau, addressed a foster care workshop for public and voluntary agencies.

One of the events occurring during the 1972 National Action for Foster Children Week led to a third major project

for foster children. On April 11, representatives of some 50 national voluntary organizations concerned with services for children met in Washington, D. C. This group recommended that a National Action for Foster Children Committee be formed to develop a nationwide public relations program and to encourage the formation of State and local action committees. The purpose of these committees would be to involve community organizations and private citizens in a team effort to improve services for foster children and their families. The National Action program was to be based on local initiative.

With the cooperation of the Children's Bureau of the Office of Child Development and other Federal agencies, the National Action Committee, composed of representatives of 13 national citizens' organizations, was established. The group has met three times in Washington, D.C., and has set as its goal the formation of 100 State, city, and county action committees by National Action for Foster Children Week in April 1974. The National Action Committee has prepared suggested guidelines to help in setting up these State and local committees and a communications kit with suggestions for building interest in foster children through use of television, newspapers, and other local media. Central and Regional representatives of the Children's Bureau, Community Services Administration, National Institute for Mental Health, Assistance Payments Administration, and Bureau of Indian Affairs will provide technical assistance and consultation to the national and local action committees on request.

This year, National Action for Foster Children Week was observed April 8-14. Again, President Nixon's Proclamation was sent to the Governors of all States and to the mayors of many cities, with a request that they issue their own proclamations. In many communities, action committees worked closely with child welfare agencies to plan activities that would make citizens aware of the needs of local foster children. Administrators of many agencies serving foster children encouraged staff members to participate in the events. They recognized that the National Week gave their agencies an opportunity to build better community understanding and cooperation and to develop new resources for foster children.

One important event that received national media coverage was held during the 1973 National Action for Foster Children Week. A "National Congress" was convened in historical Congress Hall in Philadelphia, where the first American Congress passed the Bill of Rights in 1790. The 1973 "Congress" was called together by the National Action Committee to consider a "Bill of Rights for Foster Children," prepared by the committee. Some 93 citizens, including State and local action committee chairmen, unanimously adopted this "Bill of Rights" and signed a scroll to indicate their approval. The event was planned to dramatize to the Nation that citizens can and should become advocates for the needs and rights of foster children.

"Every foster child is endowed with the rights inherently belonging to all children," the Bill of Rights states. "In addition, because of the temporary or permanent separation from and loss of parents and other family members, the foster child requires special safeguards, resources, and care."

The document describes 10 social, educational, and legal rights of foster children. Among these rights of every foster child are the following:

- to be cherished by a family of his own, either his natural family, or an adoptive family, or a continuing foster family
- to be nurtured by foster parents who have been selected to meet his individual needs and provide services and supports
- to receive a high quality of child welfare services
- to receive remedial help in overcoming deprivation or distortion in his emotional, physical, intellectual, social, and spiritual growth, and
- to receive preparation for citizenship and parenthood through interaction with foster parents and other adults who are consistent role models.

National Action Week for 1973 is over, but the effort to establish a voice for foster children will continue. The goal of initiating 100 State and local action committees by April 1974 remains.

The effort to achieve this goal is an act of faith. It is based on the hope that in many communities social service administrators, supervisors, social workers, foster parents, and concerned citizens will work together.

Cooperation and teamwork of this kind are essential if local action committees are to be formed and are to succeed in their efforts for foster children. To help citizen committees achieve practical results in the field of human services is not an easy task.

Local social service agencies can play an important role in assisting action committees in their communities. Agency administrators and staff have the knowledge and skills to help the action committees set goals and plan programs. However, for an action committee to be effective, it must maintain its independence as a citizens' group. At times, committee members may disagree with the agencies or point out shortcomings in agency foster family services. Social workers should listen openly to this criticism; often, they may find it helpful in upgrading agency services.

The National Action Committee program offers concerned citizens, foster parents, and social workers an opportunity to create a new voice for foster children—a coalition that will speak for these vulnerable children who cannot speak for themselves. IN

Ms. Garrett is a specialist on Foster Family Services in The Children's Bureau, Office of Child Development, U.S. Department of Health, Education, and Welfare.

Control Spectrum—Federal Grant Allocation

Least Federal Control	Explanation and/or Examples
No Federal Role	Free market
Shared Revenues	Payments of a share of Federal revenues from a particular source—such as receipts from timber sales—which are paid to State and local governments.
Tax Coordination	National collection of the State income tax; mutual tax concessions.
General Revenue Sharing	Federal income tax sharing for the purpose of redressing the general revenue imbalance.
Special Revenue Sharing	Administration-proposed Special Revenue Sharing programs for State and local governments in broadly-defined areas of national concern, without any requirement of matching funds or Federal approval of project plans.
Block Grants	Grant consolidation of a number of related categorical grant programs.
Categorical "Formula" Grants	These grants are allocated to all eligible jurisdictions for selected functions on the basis of some formula.
Categorical "Project" Grants	These are given for a specific program need, such as a demonstration grant for education. The recipient must take the initiative in applying.
Loans	School loans are examples.
Matching Requirements to Federal Grants	These specify the portion of the project or program cost that the recipient is required to provide in order to receive the Federal grant.
Federalization	Social Security's OASI is an example.
Most Federal Control	

How good Federalists can take advantage of Revenue Sharing

JOHN C. H. OH. · American federalism is undergoing rapid and profound change. The change began when alternatives to the role of Federal involvement in State and local affairs came under official review in the late 1960's. Following three decades of expanding Federal power at the State and local levels of Government, the concept of a "New Federalism" evolved. Fundamental to this concept is the belief that many decision-making powers that had gradually been assumed by the Federal Government should be returned to the States and localities—to the people directly affected by governmental decision.

Emergence of a shifting pattern in Federal-State relations is nowhere better illustrated than in the development of an innovative approach to Federal financial assistance. Introduced in 1972 under the name General Revenue Sharing, it marks the beginning of a new era in intergovernmental relations.

Under provisions of Public Law 92-512 (The State and Local Assistance Act of 1972), $30.2 billion will be paid to State and local governments during the next 5 years. Initially, $5.3 billion was appropriated for General Revenue Sharing, the sum to be increased to more than $6 billion in Fiscal 74. While the immediate scope of the system is considered limited, the implications of General Revenue Sharing are enormous.

Some people already talk about the possibility of phasing out most of the categorical grant programs, while others feel that the programs can be converted into either Special Revenue Sharing or block grants. Within the next few years we shall probably witness not only the expanded General Revenue Sharing system (in terms of money) but also see that system become a permanent feature of the "New Federalism." In any case, the Federal Government will likely manage directly only a limited number of categorical grant programs. The rest will be given to the States and localities in a form which they will find most useful.

Whether these predictions are to be realized or not is a matter of conjecture. However, it is important to reassess the changing pattern of intergovernmental relations, with the view of properly determining the role of the Federal Government in the 1970's.

Ideally, the American federal system is conceived of as "cooperative" or "conventional" Federalism. This means that governments at all three levels—Federal, State, and local—are together involved in identifying and resolving social problems in a cooperative manner. However, in reality this ideal is not fully realized because all the different levels of government have neither equal capacity nor equal resources for engaging in such a cooperative endeavor. Moreover, there is a fundamental ambivalence in the system since, from the beginning, American Federalism has been rooted in uneasy political compromises of contending forces. As a result, for the past four decades the Federal Government has assumed a heavier burden in providing needed services to the citizens throughout the country, simply because its revenue system has been superior to those of the State and local governments.

Among the many reasons cited for Federal intervention in what would otherwise be considered traditional State and/or local functions, the following four are noteworthy:

1. States and localities failed to perform effectively in meeting the basic needs of the community. This was particularly true during the Great Depression of the 1930's.

2. Beginning with the Muckraker era, States have been accused of being "corrupt, unrepresentative, unresponsive, inefficient, and obsolete." In addition, they have failed to take affirmative action to resolve pressing social problems. Some States have even denied due process and equal protection to their citizens.

3. Most State governments were unwilling or unable to assist in resolving the post-World War II fiscal plight that occurred because of mounting public demands for new and improved services. States differed widely, not only in their income and wealth levels but also in their revenue-raising capacity and efforts. Under these circumstances political priorities set up by the States differed not only from each other but also from Federal and local priorities.

4. State governments command neither the widespread popular support that national governments receive nor the psychological identification that localities are able to instill in their citizens. Thus, there have been established direct Federal-local relationships through Federal grant-in-aid programs, often bypass-

ing State governments. (Such a phenomenon is referred to as direct federalism.)

Undoubtedly, there is some truth in all of these statements. They may apply more to some States and localities than to others. Some of these "truths" may not apply at all in some areas. What is important to realize, however, is that the massive Federal intervention which has been occurring since the Great Depression has not cured all the social ills, and is not likely to do so in the near future (if ever it can be done).

Until now, the bulk of Federal intervention has been in the form of grants. In general, Federal grants are nonrepayable resources provided by the Federal Government in support of State or local service programs to the public. So far, the Federal Government relied exclusively upon *conditional* or *strings-attached* grants. Grants under the General Revenue Sharing Act, however, will be largely *unconditional*.

In Fiscal 73, total direct Federal financial assistance to State and local governments, including grants, shared revenues, and loans, is estimated to be $43.8 billion, an increase of $4.4 billion over the 1972 figure and five times the amount in 1963. Of this amount, $43.5 billion will take the form of grants, accounting for about 99 percent of the total aid. Money is given to State and local governments through some 530 "categorical grants" administered by various Federal agencies with varying administrative requirements, diverse eligibility provisions, and differing matching formulas. In total, Federal aid programs will provide about 21 percent of State and local revenues in 1973, as compared to 17.9 percent in 1971. However, State and local governments are expected to spend an estimated $13 to $16 billion of their own funds to match Federal grants in 1973. In recent years State and local governments have spent about 10 percent of their revenue to meet Federal matching requirements.

The traditional methods used to expand Federal participation in domestic services have been categorical grant programs known as "*formula*" and "*project*" grants. The *formula* grants device has been regarded until recently as the basic form of Federal aid to the States and localities. In the 1960's there was a sharp increase in the use of the *project* grants, accounting for $11.7 billion in 1970.

Under a Federal grant-in-aid program, the Federal Government provides funds directly to State and/or local governments, with the usual proviso that money paid or furnished to States and localities is to be used for specified purposes (categories), subject to conditions spelled out in statutes or administrative regulations. Lately, the *project* grants device has been increasingly used by Federal agencies on the grounds that it permits Federal administrators to place selective emphasis on new and emerging problems and needs of the national community with speed and decisiveness. This has been particularly true with Federal programs dealing with the problems of urban areas, such as law enforcement and public assistance. It is estimated that in 1973, $31.5 billion of the $43.5 billion of total Federal grants will be spent in, or directly affect, 268 standard metropolitan statistical areas (SMSA's), where about 70 percent of the U.S. population lives today.

As a result, in dealing with local governments, the Federal Government has developed a tendency of entering into direct administrative and financial relationships with local governments, often bypassing and short-circuiting the States. There has also been a growth of what is referred to as "private federalism," a system by which the Federal Government makes grant-in-aid to private individuals, institutions, schools, and universities for such activities as health and manpower research, development, and training programs (administered by HEW's SRS and NIH). Consequently, the rapid expansion of overall Federal *project grants* has had the effect of stimulating professionalism, encouraging initiative and innovation, and of widening the discretion of Federal administrators.

In spite of the fact that much progress has been made in improving the quality of life in the United States through such categorical grant-in-aid programs, there has also developed a mounting criticism of the "burdens" of Federal grant-in-aid assistance. What, then, are these burdens resulting from the present categorical programs? There are at least six:

1. *The requirement of matching Federal funding*—To qualify for Federal grants, States and local government units are frequently required to match Federal funding.

2. *The maintenance of effort*—To qualify for Federal grants, States and local units are often required to make and maintain their financial commitment to a project.

3. *The prior project approval*—To qualify for Federal grants, States and local units are required to secure prior Federal approval of their program plans for using Federal money under the particular grant(s).

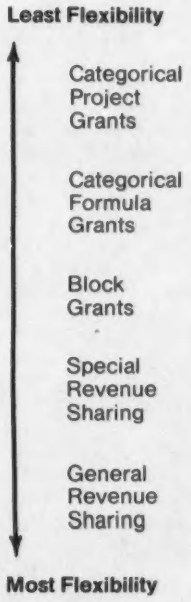
4. *The multiplicity of grants*—Federal grants have proliferated to such a degree that simply discovering their availability is a bureaucratic chore all by itself.

5. *The distance of federal* government—The Federal Government, with all the best intentions, is not in the position of knowing the real needs of the States and local governing units as well as those who govern at those levels.

6. *The perpetuation of inequities in public expenditure levels in different States and localities*—Even with the massive Federal spending, there are great inequities in the present welfare system, which is a collection of 1,152 localized approaches in 50 different States and the District of Columbia. Money is increasingly spent for many worthwhile purposes, but there is neither equity nor adequacy for the needy. At present there are no national standards for payments, eligibility, and enforcement.

What, then, are alternatives to the present matching grant-in-aid programs? In considering any alternative course of action, it is necessary to appraise what other types of intergovernmental fiscal transaction exist today.

If the technique of spectrum analysis is used in ranking the various representative types of Federal financial assistance from least flexible to most flexible in terms of end use by recipient and Federal control and accountability, the order illustrated below can be established from the viewpoint of recipients (States and localities).



On the other hand, a much different order can be established from the viewpoint of the Federal Government in terms of its ability to control financial aid given to State and local governments, especially in connection with the recipients' fiscal, programmatic, and accountability matters (see table on page 8).

There are at present four major methods by which the Federal Government transfers funds to State and local agencies. They are sequentially presented in terms of decreasing Federal control:

Federalization: An example of this device is the "nationalization" of the social security system. As far as the activities of SRS are concerned, the agency is aware of the fact that there are increasing pressures for the establishment of a "nationalized" public welfare system. Its beginning has been set up in HR 1. Among the many reasons for these pressures, the following is most noteworthy: no amount of Federal revenue sharing or any other system except complete nationalization can eliminate the tremendous inequities in our present public welfare system. This is largely due to the fact that the United States has 50 different State welfare systems and over a thousand local welfare programs. The resulting disparities create serious social problems in that more than 20 States do not accept all the Federal funds available to help needy families because of their reluctance or inability to appropriate matching funds. Hence, a growing number of State and local officials (and interest groups) now strongly endose Federal assumption of complete financial responsibility for public assistance and Medicaid.

Block Grants: The Federal Government adopted a "block grant approach" only since the mid-1960's. The block grant is a method of consolidating a number of related categorical grant programs. Such grant consolidation allows more flexible use of the grant money than existed under previous, narrowly defined, separate grants. For example, Title I of the Omnibus Crime Control and Safe Streets Act of 1968 establishes the Government's first comprehensive grant-in-aid program for assisting State and local crime reduction efforts. In dealing with the broad area of law enforcement and criminal justice administration, the Act accorded the States major responsibility for planning, administering, and coordinating anticrime programs, and minimized the role of Congress and Federal agencies in setting priorities. This permits, in theory, States and local governing units to receive financial assistance on the basis of what they think they know is necessary by eliminating many of the problems of the categorical grants. However, it does not mean that Federal control of the program has been eliminated.

Thus, from the viewpoint of the States, the block grant approach has its shortcomings, as in the case of categorical grants, because the block grant system retains many of the Federal requirements, such as, (1) requirements for matching funds, (2) maintenance of effort, and (3) prior approval of State and local plans by the Federal Government. While it had the effect of increasing the role of the States in relationship to their political subdivisions (local governments), it also created additional State-local government tensions over the question of the States' proper supervisory role over the localities (in fiscal, administrative, or accountability matters). In any case, since the passage of the Safe Streets Act no wholesale conversion of categorical grants into block grants has occurred.

Special Revenue Sharing: In the 1971 State of the Union Message, President Nixon proposed $5 billion in General Revenue Sharing monies and also came out with his concept of "Special Revenue Sharing." He proposed that another $11 billion in Special Revenue Sharing be provided by allocating $1 billion of new funds and converting one-third of the money going into the present narrow-purpose aid programs into Federal Special Revenue Sharing funds for six broad purposes—urban development, rural development, education, transportation, job training, and law enforcement. Under the proposal, the States and localities would make their own decisions on how funds would be spent within each category. Such conversion

would have the effect of reducing the number of categorical programs from 530 to 130.

Unlike both categorical and block grants, Special Revenue Sharing would require no matching funds, no maintenance of effort, and no prior project approval. It is also different from matching (open) grants in that it is a closed-end fund, designed to give States and localities maximum flexibility in meeting their problems in the broadly defined areas of national interest. Finally, it differs from General Revenue Sharing in that the latter would be linked continuously to revenue sources, while Special Revenue Sharing would require a new appropriation each year.

This method is considered most useful if the purpose of Federal Government involvement is to redistribute among States the capacity to fund some types of *specific* (but not all) programs because it is designed to establish a basic minimum level of State spending in a certain program area. Its use is justified if the Federal Government is convinced that State and local governments have the capability to engage in such program activities because of technical know-how and established administrative infrastructures to do the job. There must have developed a successful working relationship between the States and localities on the one hand, and the Federal regional offices on the other. By the time Special Revenue Sharing goes into effect, the Federal decentralization effort, too, should have succeeded to the extent that both central headquarters staffs and regional staffs can engage in what they are supposed to be engaged in—monitoring, evaluating, and assisting State and local activities in their program areas.

General Revenue Sharing: The basic idea behind General Revenue Sharing is to strengthen the fiscal capabilities of State and local governments by requiring the National Government to share with them a designated portion of the Federal personal income tax revenue on a *no expenditure strings basis*. The first year outlay would total $5.3 billion, with roughly one-third going to State governments and the rest to counties, cities, and towns. Thus, revenue sharing would inject some much-needed flexibility into the existing pattern of intergovernmental fiscal transfers by giving States and localities large blocks of "no strings" Federal aid to spend as they see fit.

Whether one agrees with it or not, the current move toward Special Revenue Sharing (as well as toward General Revenue Sharing) is based on a philosophical assumption that the States and localities know better the nature of social problems in their areas, and can (and will) better solve those problems than the Federal Government (if they are given the money needed to do the job with minimum interference). It also assumes that the Federal Government has the most efficient revenue collection mechanism. But the Federal administration of grant-in-aid programs has not only been cumbersome but, in many cases, counterproductive. President Nixon, in proposing revenue sharing on February 4, 1971, stated that "our ultimate goal must always be to locate power at that place—public or private or Federal or local—where it can be used most responsibly and most responsively, with the greatest efficiency and with the greatest effectiveness." He found that power base in the local and State governments.

In deciding the proper role of the Federal Government and in selecting alternatives to be pursued in obtaining Federal objectives, it is essential to reexamine many of the assumptions mentioned about the "failures" and shortcomings of the State and local governments. Other substantive issues that require critical attention are (1) the constitutional tradition of this country; (2) the range of responsibilities which the Federal Government should assume in meeting individual needs, society's needs, States' needs, and local needs; (3) the capacity and capability of the Federal Government in problem solving, as compared to that of the State and local governments (as well as that of nonpublic bodies); (4) the methods used in resolving problems encountered; (5) the obvious and latent problems that will require differing solutions (and the methods to be used) in the future; (6) the proper role of the States in relation to their political subdivisions; and (7) the proper relationships between and among Federal, State, and local governments.

For example, in dealing with the issue of the proper Federal-State-local relationships, questions such as these should be asked:

- Should there be increased centralization of functions at the national level or is decentralization preferable?
- Should decentralization be carried primarily to the State level or primarily to the local level?
- Should the States simply serve as an intermediary between Federal Government and local governments as if they are administrative districts of the Federal Government? In such cases, should the States forfeit their role as major policymakers on their own?
- What should be the relationship between the Federal central headquarters and the regional councils or the regional offices?
- Which would be the most desirable and feasible ways to administer grant-in-aid programs? (*i.e.*, in terms of economy, efficiency, effectiveness, or responsiveness?)
- In view of the above, should the present grant-in-aid programs be converted into federalization strategy, block grant strategy, Special Revenue Sharing strategy, "income" strategy, or "mixed" strategy?

Only after careful analysis of such issues can we rationalize Federal decisions in our ever-changing, dynamic system of American Federalism. **SSN**

Dr. Oh, Professor of Political Science at the University of Wisconsin, Whitewater, is a senior program analyst in SRS's Office of Program Planning and Evaluation while on leave from the University.

Yes... I can

I don't have to stand up to accomplish my own goals.
I've learned to take care of myself and my family.
I thought I could do it, and now I know I can.

DEPARTMENT OF PEDIATRICS, STATE UNIVERSITY OF IOWA

Age Years 0 1 2 3 4 5 6

Wt-lbs

Weight - Age Values
Median, 16th and 84th percentile

Height - Age Values
Mean, Mean ± 1 S.D.

Ht-inches
Ht-cms.

Age Years 0 1 2 3 4 5 6

PREPARED FROM DATA COMPILED BY IOWA CHILD WELFARE RESEARCH STATION

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Child Health comes to the South Side

BARBARA REYNOLDS. A frightened mother has just heard the doctor diagnose her son's illness. It sounds to her like a terrible disease. She panics and refuses to have the child admitted to the children's hospital, preferring to take him home to administer a "home remedy" which she feels will work as well.

Johnny is scheduled to return for treatment at the clinic for an ear infection. His condition could be easily cured with the proper medical attention. But he fails to return.

Through screening a child is found to have lead poisoning. While he is an inpatient, his blood level count returns to normal. Once back in his home, the symptoms recur.

Complex social health problems like these have become routine for the Woodlawn Child Health Center, part of the University of Chicago's Pediatrics Department and the Wyler Children's Hospital. The reason is a unique team approach, utilizing the special skills of community health workers who play an important role in linking health services to the community.

Examples of this vital role can be gleaned from following the workers around Woodlawn, a predominantly black, impoverished area on Chicago's South Side with a population of about 55,000.

Inside the Wyler Children's Hospital, the case of the mother who prefers home remedies to in-patient care is easily resolved. Because semantic and cultural differences separate patient and doctor, they are simply talking past each other. But the community health worker, a resident of Woodlawn and also a member of the center's clinical team, speaks the language of both. This liaison role helps soothe the mother and allows the doctor to get on with the business of administering to the child.

On city streets, however, solutions are not as easy. Health problems are often deeply interlocked with housing, education, and economic factors, requiring the intervention of other social service agencies. This occurred with Johnny and the child who had lead poisoning.

Some health workers might have assumed that Johnny's mother had transferred him to another treatment center, or that somehow his condition had improved unattended. But the health workers at the Woodlawn Center have learned long ago not to assume anything. Their mission is to uncover a definite "Why." A visit to Johnny's home revealed his coat and shoes had become so shabby that his mother was ashamed to bring him to the clinic. Johnny's mother spent the clothing allowance she received as part of her welfare grant on the school-aged children in the family. An emergency clothing allowance obtained from the welfare department for Johnny quickly unclogged the channels to clearing up his health problems.

The medical team's novel approach of tending to both the health and environmental ills of patients is again underscored as the health worker searched for solutions for the child who continued to develop symptoms of lead poisoning, once released from the Wyler Children's Hospital.

There are experts who argue that children who develop a history of pica do so as a result of maternal neglect. However, Dr. John D. Madden, the center's medical director, holds a different view.

"We see ourselves," Dr. Madden says, "in a position of advocacy for the community, and we see lead poisoning as the classic model of disease in the inner city, totally preventable and totally attributable to neglect of the needs of the urban poor. It is our position that lead poisoning is due to bad housing, pure and simple. We are unable to accept the theory of maternal neglect."

Miss Jan Linfield, Director of Social Services at the Woodlawn Child Health Center, describes further the role of the community health worker and also points out how the function could be upgraded and transferred to similar institutions.

"At our center," she says, "the community worker functions as a member of the social service department and as a member of the clinical team. For example, each week the pediatrician, nurse, nutritionist, social worker, and community health worker meet to consider specific problems. These problems might include the 9- and 10-year-old children who come to the clinic alone and whose mother never has been seen, as well as the young mother who always appears at 4:30 with her five children so unkempt that the nurse is concerned very much about them."

"Community workers must be recognized as equal members of the clinical team and their expertise must be appreciated and used," Miss Linfield adds. "Even in a setting which consciously tries to minimize the medical hierarchy,

unconscious attitudes often downgrade community health workers because of their lack of formal education. Because the community health worker's role and contribution are so significant, opportunities for advancement need to be created," Miss Linfield says.

Also, according to Miss Linfield, a community worker must be given case assignments for which she assumes total responsibility. "In my opinion, training a community worker to be a junior social worker and assigning to her the routine, time-consuming tasks which a social worker considers unworthy of her skills, negate the peer concept and downgrade her ability. When a community worker is given complete responsibility for a case, with the center's confidence in her ability and judgement, and with the offer of help when she needs it, her ingenuity in solving apparently insoluble problems is boundless."

Miss Linfield says that in the overlapping areas in which both social worker and community worker are involved, there need to be some guidelines stipulating "who does what."

"In our center," she explains, "we state that the community worker works on the outside (external, environmental) problems and that the social worker deals with the inside (internal, psychological) problems. Obviously this rule must be flexible because some families have both external and internal problems. However, the guidelines indicate that the community worker and the social worker have their respective areas of competence."

This strong theme of community involvement did not begin with the introduction of the community health worker. In fact, it could be said the concept, as it relates to child health care delivery, developed even before there was an institution to perpetuate it.

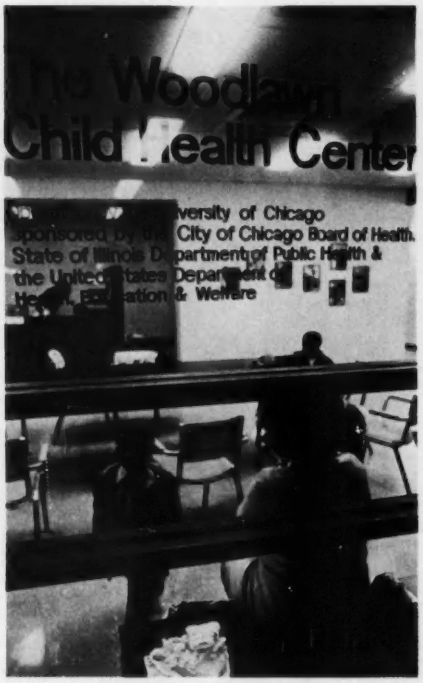
In 1967, the Woodlawn Center was opened as a storefront facility by the University of Chicago's Department of Pediatrics (in the Division of Biological Sciences), and the Pritzker School of Medicine. The immediate problems were not medical. The medical team had to learn how to enter into a partnership with the community.

The community of Woodlawn exhibited the deteriorating health signs endemic to most urban areas: the migration of the middle class to the suburbs, followed by the migration of physicians; the increase of physician specialization which draws from the pool of those providing family care; the rising costs of medical care; a critical shortage of adequate health facilities; high infant mortality rates; tuberculosis and venereal diseases; and low life expectancy.

"We knew what sort of medical problems we were facing and had some idea of what type of facility and staff were needed," Dr. Madden says. "What we did not know was the community. We could not be aware, at least not intimately, of its special problems or its strengths. While we may be experts in our approach to the health problems, our expertise would have been of little value if the approach was wrong. If it was wrong we could not have attracted patients. No one can properly advise an approach to the community except those who live there. If one attempts to impose a health facility on a community without being invited or seeking advice he can be accused, and rightly so, I believe, of paternalism."

In an effort to circumvent the problems that come with planning "for" people instead of "with" people, an advisory board from the Woodlawn community was organized. The board agreed that a center was needed, and if established, would be favorably received. The board consisted of several clergymen, women, members of The Woodlawn Organization's Welfare Union (TWO), and civic leaders.

According to Dr. Madden, the advisory board has been invaluable in keeping the clinic from falling into pitfalls which are so common to beginning ventures. "For example," Dr. Madden says, "acting upon the counsel of our board, ad-



vance publicity was held to a minimum in order to prevent making promises that might have been subsequently broken and to guard against creating a demand for services that would overwhelm the facility early in the operation."

In addition to its formal relationship with the advisory board, the center has attempted to establish working relationships with the community in other ways, the Medical Director points out. "We have worked with the city's Urban Progress Center in developing a program for the management of lead poisoning, with the teacher-nurses and school-community representatives in patient referral and follow-up. We have also worked with the TWO-sponsored Midway Technical Institute's Medical Assistant Training Program," he says.

Since 1967, the center, funded through grants from the Health Services and Mental Health Administration of HEW, has provided comprehensive health care to more than 20,000 children in the Woodlawn area, from infancy to age 19. The total number of patient visits since the center opened stands at 89,997.

More than 85 patients a day are attended by a staff of 39, which includes five pediatricians, three social workers, three community health workers, and students from the University of Chicago's School of Social Service. Also on board are three clinical nurses, a licensed practical nurse, a visiting nurse, two pediatric nurses, a full-time optometrist, an audiologist, and nutritionists.

Besides its move to bright new quarters in the Social Services Center in the University of Chicago complex, but still in the Woodlawn community, the center takes pride in its role in increasing the general health of the community, as well as decreasing the infant mortality rate through its early prevention program.

Dr. Madden, an associate professor in the Pediatrics Department at the University, points out that in 1967 the infant mortality rate peaked at 45 deaths per 1,000 births—higher than the rate in some rural areas in the South.

The number one contributor to the high infant death rate in Woodlawn, according to Dr. Madden, is the 16 percent premature birth rate, compared with about 8 to 10 percent nationally. "This prematurity goes back to the socio-economic factors—the nutrition problems, the high incidence of adolescent pregnancy, and the general unavailability of prenatal care," Dr. Madden says.

Other factors mentioned by Dr. Madden are sudden infant deaths, fire, accidents, stemming from deteriorated housing conditions, and infections.

The center's early prevention program begins with the expectant mother, continuing, intensively, with the child from "day one" to age 3. Examinations include testing for hearing, vision, diphtheria, tetanus, assessment of motor and intelligence skills, lead poisoning tests, and sickle cell anemia, as well as for the normal childhood diseases. Older children receive somewhat similar testing, but they are also screened for venereal disease. Visiting nurses lend valuable advice on nutrition and the administration of emergency first-aid. Parents are encouraged to bring their children to the clinic regularly. Under Medicaid, the clinic's services are free. Principal funding, however, is provided under Title V's pre-school and youth projects.

Assessing the results of the early prevention program, Dr. Madden says, "In the past 6 years, we've seen a per capita decrease in infant mortality and in-hospital admissions. We are seeing less nutritional anemia in our patients and there seems to be more control over lead poisoning. I believe our clinic has played an important role in these evidences of improved health."

Dr. Madden adds, "Our big payoff has also been in improving the quality of life in Woodlawn, which comes as a direct result of people working together informally and through agencies." HN

Ms. Reynolds is our correspondent for Region V.

Are social workers ready for Family Planning?

FLORENCE HASELKORN. Sex education and family planning have come out of the shadows and into the light of public concern. With this new concern, the task of family planning counseling for public assistance clients has fallen on social service workers in local welfare agencies across the country. To accomplish the task, these workers need training that will equip them with both knowledge and understanding of human sexuality.

Until recently, the mandate to assure that family planning services are available on voluntary bases to recipients of public assistance met with a limited and uneven response. Fiscal, political, and administrative factors, as well as competing interests and confusion about how the provisions of Title IV-A were to be used, caused problems in implementing family planning services at State and local levels. The fact that family planning had not previously received any priority and was an unfamiliar area of service for public welfare further complicated the matter. The shift from decades of legal restrictions, political obstacles, and moral and religious constraints to an era in which family planning has not only been legitimated as a basic human right but has also been mandated by the Federal Government, caught welfare administrators unprepared. Moreover, available manpower was ill-equipped with the knowledge, attitudes, and competence necessary to carry out the mandate.

The opportunities opened up by HR1 and the movement toward separation of services from public assistance payments hold promise for generating more viable and expanded Statewide family planning programs and supportive social services. Yet too little activity has taken place to prepare personnel for the broad-gauged family planning programs envisioned in the Federal legislation. The question of staff development and training now becomes crucial. As training programs begin to develop, their format, content, and methodology, as well as evaluations of their effectiveness, should be made widely available. Training projects should not have to start *de novo*. They should be able to build on approaches that have been effective.

Thus far, perhaps the most important book on staff development in family planning services is *Family Planning Training for Social Services*, the pioneering work by Miriam T. Manisoff, Director of Professional Education at Planned Parenthood—World Population. The book is invaluable as a guide for the design of short-term training institutes for social service personnel. It identifies relevant curriculum content and issues and provides reading references, suggestions for working with clients, and scripts for role playing of problematic client situations.

A number of national and regional conferences and institutes supported by Federal funding have served effectively to awaken interest, stimulate motivation, and introduce the objectives and central knowledge areas of family planning to leadership personnel. But it is doubtful that the effects have permeated to the large segment of social service manpower in need of this experience. Progress is underway in social work curriculum development, but this, too, is unlikely to have had any impact on welfare staff as yet. Nor can it be expected that those responsible for staff development can possibly keep up with the ever-widening areas of social concern and the ever-expanding knowledge in social service fields. For these reasons, staff development personnel are likely to require outside help in undertaking training programs, especially those that use new methodologies designed to enhance affective as well as cognitive learning.

The need for training approaches designed to change attitudes as well as transmit knowledge and develop skills is heightened by the number of sensitive issues related to family planning. Premarital, extramarital, and marital sexual behavior; adolescent sexuality; and contraceptive services for minors are knotty and emotionally loaded subjects. For such topics, dissemination of knowledge and information, alone, do not create complete understanding.

In an article entitled "Motivation, Communications, Research and Family Planning" in *Public Health and Population Change, Current Research Issues*, Brewster Smith notes. "The neutral language in which family planning is discussed scientifically and professionally should not let us forget that we deal here with sex and the marriage bed, around which surely are woven some of the strongest and least rational motives, the most intimate and private relationships, and the firmest institutional norms and taboos known to man."

There is growing recognition that members of the helping and health-related professions are grossly inadequate in dealing with subjects related to sexual behaviors and attitudes, including family planning. This lack has spurred the development of curricula in medical, nursing, and social work schools and has led to an expansion of the content of sex education courses beyond anatomy and reproduction to teaching a broadened, psychosocial conception of human sexuality.

Not suprisingly, studies reveal that professionals can hardly be distinguished from the general public in ignorance, misconceptions, naivete, embarrassment, biases, fears, shame, and discomfort about sexuality. It is not uncommon for the social work educator, for example, to ferret out student feelings of covert hostility toward women with more than one out-of-wedlock child, or to expose the confusion and hypocrisy in societal and parental attitudes toward sexuality that are sometimes reflected in student attitudes. Intense reactions, both pro and con, are aroused about changing sexual mores, especially about premarital sexual permissiveness. Heated discussion erupts around the question of contraceptive services or abortion for adolescents without parental consent. It becomes abundantly clear that no one has affective neutrality when it comes to sex. Deeply ingrained attitudes and the absence of any fixed guides or consensus about sexual norms leave the helping person to operate with highly personal beliefs and attitudes. The need for sexual re-education for public welfare staffs who serve in family planning and in family life and sex education becomes self-evident.

One approach that appears to offer a model for meeting the problems of family planning services training was developed by the New York City Department of Health's Division of Training. Under contract with The National Center for Family Planning Services, the division conducted a number of training programs for personnel at various levels who have responsibility for the delivery of family planning services in the health care system. With relatively slight modification, the program could be adapted to training social service staff.

According to Aileen R. Sirey, former Director of the Division of Training, the underlying assumption of the program is that if staff are to have confidence in their capacity to fulfill performance expectations, they will need comfort in emotional areas in addition to knowledge and skills. If service personnel are to be engaged with, rather than alienated from, those they are to serve, they must be aware of their own feelings and attitudes. Earlier experience with training methods that were primarily didactic raised a number of questions about whether intellectual learning can take place when subjective barriers intrude. These questions led to experimentation with and conviction about the need for

experiential learning and the use of laboratory training methods.

A fundamental principle of the New York City program is that training designs be tailored to the needs of specific groups and localities. Pre-training site visits are made to carefully identify training needs. At the outset of the training experience, trainees evaluate and update the program design so that the emphasis is on flexibility and responsiveness to the uniqueness of each group of trainees. Typically, the training schedule spans a 5-day period with 3-hour sessions in the morning and in the afternoon either on 5 consecutive days or on 1 day a week over a 5-week period. Both verbal and non-verbal exercises are used to create a climate of trust and open communication, and as an introduction to the experiential learning mode. Role playing —parents, teens, community—and problem-solving sessions are important elements of the program. When appropriate, audiovisual aids, including sex-education films, are used as the basis for education about sexuality and for exploration of feelings. At times, groups may include differential levels of manpower. At other times, the composition is homogeneous. Throughout the training process, continual feedback is encouraged and involvement of the participants in their own learning experience is maximized. Finally, evaluation techniques are built into all training programs to assess their effectiveness.

There is no intent in this training model to negate the importance of substantive content. For trainees who operate at the direct service level, the knowledge content may include reproductive physiology; contraceptive technology; socio-cio-cultural and religious attitudes about contraceptive practice; the genocide issue and methods of dealing with it; information and referral techniques; educational and counseling skills; roles in overcoming the obstacles to delivery of service; agency policy; and other relevant material which can be provided both in formal presentations and in informal small group discussions.

To meet training needs for those who serve at the level of management, content may include training and utilization of paraprofessionals; career ladders; manpower utilization; strategies for increasing consumer participation; systems analysis; statistical concepts and recordkeeping; third party funding for medical services; and administrative and management processes.

The trainees function in a variety of roles. They are experts in knowledge areas, facilitators and enablers of group learning processes, and role models. As facilitators and enablers they can use desensitization and resensitization techniques, handle stress reactions, and promote peer learning. As role models, they demonstrate emotional freedom by sharing their own feelings and risking themselves in emotional encounters within an atmosphere of mutual trust and acceptance.

The Nassau County, New York, Department of Social Services has just initiated an intensive training thrust to improve its family planning services. New Dimensions In Comprehensive Health, Inc., a nonprofit agency, will be conducting the training project in cooperation with the Department's Office of Staff Development. A conference held on January 10, 1973, attended by all staff members of the Bureaus of Family and Youth Services, served to launch the program. Family planning content and related issues were introduced by social workers, sex educators, clergymen, physicians, representatives of ethnic minority groups, and family planning clinics. In-depth, small-group training sessions in which participants will have an opportunity to pursue particular areas of interest and concern have been scheduled for coming months. The first series of training sessions will be directed toward the needs of the supervisory staff; training sessions for all service staff will follow. Like the New York City effort, this program may well become a model other agencies will want to copy.

Help in planning and conducting staff development programs in family planning is available from many sources, including community organizations, Government agencies, and universities. National and regional staff of Planned Parenthood—World Population can provide consultation, educational materials, and personnel knowledgeable in specific areas. HEW Regional Offices can provide information about funding and technical resources. Maternal and Child Health Programs and schools of public health can supply faculty to lead training sessions. Schools of social work can instruct training faculty in content areas and in small-group teaching methodologies.

Under contract arrangements, schools of social work are often able to meet special inservice training needs for departments which, for a variety of reasons, may be unable to plan and implement intensive family planning staff training programs on their own. University-based continuing education programs have traditionally directed their course offerings toward keeping professionals abreast of new knowledge, trends, and problem areas. More recently, offerings directed to the needs of differential manpower levels, including new careerists, have expanded rapidly.

Whether family planning is or is not an effective strategy to reduce poverty may be debatable. But the fact remains that, if implemented in a humanizing way, it can expand options and choice in matters of fertility, enhance social health, and possibly reduce the incidence of out-of-wedlock pregnancies. We need to continue to experiment with new and creative educational designs that will improve the performance of those who deliver family planning services. If social service manpower is to make an impact on family planning, the need for staff training becomes a top priority. IN

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Here's why the Syracuse Project is a success for the aging

PETER A. DICKINSON and KATHRYN MOODY. "Someone who has been out of contact doesn't tap in on the process. Elderly people don't know how to grapple with the language or claim their rights in complicated programs. We are their advocates," says Lawrie Robertson, Project Coordinator for the Areawide Model Project for the Aging (AMPA), in Syracuse and Onondaga County, New York.

Project staff member Ruth Zaleon says the program "tries to maintain the elderly person's integrity. We are committed to doing something for any elderly person who needs help," she explains.

The help comes in many forms—a doctor, a home, a plumber, a bus ride, a nutritious meal, or someone to talk to.

The Syracuse-Onondaga AMPA is one of 21 such projects in the country funded by Federal, State, and local sources to provide services for the elderly, learn ways to make these services most responsive to older persons, and incorporate existing services into an areawide, interagency delivery system.

Eight independent elements, staffed by professionals, paraprofessionals, and volunteers of all ages, comprise the city-county project. They are:

- Information and Referral Service
- Project ROSE (Reach Out and Serve the Elderly)
- Dial-a-bus
- Home Handyman
- Coffee Houses
- MECCA (Mizpah Educational and Creative Center for the Aged)
- Housing Services for the Elderly
- Telephone Life Line

Information and Referral Service provides telephone assistance for older persons with problems. The caller may receive information and pursue help himself, perhaps by calling a suggested agency, or, if necessary, someone from I&R will make the calls to resolve the problem for him. If the client needs a home visit, I&R sends an outreach worker. For emergencies, a corps of volunteers from the professional community is available.

Project ROSE goes out looking for the elderly. Its purpose is to locate members of the target population—isolated and vulnerable elderly persons—identify their needs, and match those needs with appropriate persons and services.

One outreach worker tells, "It usually begins when we hear, often through an acquaintance of the person, of a problem that an older person can't deal with—poor health, personal suffering, lack of electricity—most anthing. An outreach workers calls on him. We usually discover not one but several needs."

Mrs. M., age 82, is a low-income elderly woman living alone in one room with only a cooking stove for heat. She understands only Italian and exists in isolation. A Project ROSE worker who speaks Italian befriended her—the only person to do so in five years. The worker confronted the landlord about the heating problem; the landlord later installed an adequate heater.

Mrs. W., age 60, has advanced Parkinson's disease and cannot talk. She has lived alone for six years, since her husband deserted her. Disabled and isolated in a rural county area, she had no way to maintain her health care. An outreach worker arranged transportation for medical appointments and referred her for residence in a multiple-care facility.

Outreach workers are trained senior citizens who live in the communities where they work. Three outreach teams of four workers each carry out this important aspect of the AMPA mission. One team works in the inner city, a second in the city's northern quadrant, and a third in the rural county.

Dial-a-bus provides a door-to-door transportation service for older people. A phone call orders a ride to medical appointments, volunteer jobs, or other activities. The service presently offers only city transportation, but with more funds and equipment it could be extended to the rural areas of Onondaga County, where the need is greatest. Operating at maximum capacity, Dial-a-bus had over 1,850 riders in a recent three-month period. Riders must call for pickup several days in advance. Senior citizen volunteers ride the bus, helping passengers from their doors to their seats. A mechanical "kneeling device" can lift passengers from street level to bus level.

Studies show that lack of mobility or transportation has a detrimental effect upon the older person's health, leisure activities, human contact, ability to obtain services, independence, and diet.

Home Handyman, another AMPA service, provides elderly, part-time repairmen to do small appliance repairs, interior work such as painting, installation of stair rails, repair of leaky faucets, and other minor repair jobs for elderly people who are unable to do the repairs themselves. Fees are determined by the individual's ability to pay. One Home Handyman, Cliff Woodard, says, "I'm not only working, I'm contributing! Most older people wouldn't get this service another way."

"I couldn't afford to hire anybody else

to do this work," says an elderly Syracuse woman.

Cliff Woodard tells of a typical Home Handyman customer: "The lady up on Fly Road—retired school teacher, crippled, heavy, and diabetic. She has great trouble getting around. Delightful woman—her husband is in a nursing home. She needed an outdoor light repaired—the whole thing blew down in a wind storm two years ago."

Somebody suggested that Cliff Woodard was an outreach worker and counselor as well as a Home Handyman.

"Well, I don't know," he responds, "but elderly people tell me all sorts of things they might not tell you—because I'm an older person too."

The two *Coffee Houses* run by the project are places where older persons can drop in during the day to visit and relax with other senior citizens. Part-time "senior aides" develop such programs as arts and crafts, seminars, guest speakers, demonstrations, and films. Once a week, the Coffee Houses serve a hot lunch to members.

MECCA offers its aged patrons a variety of services, including refreshments and recreation, counseling, and information about other services available to the elderly in the community. A group of retired lawyers, in cooperation with the University of Syracuse Law School, are forming a legal service for elderly citizens through MECCA. Income tax consultants are stationed at MECCA.

Housing Services for the Elderly cooperates with the Syracuse Housing Authority and Catholic Social Services to interview, counsel, and attempt to help find suitable housing for older persons. Sometimes the service must find "homemakers" who will live-in with elderly persons who cannot care for themselves. The housing service has a waiting list of over 1,000 persons.

Through the *Telephone Life Line* component of AMPA, homebound older persons receive daily phone calls from older volunteers. If the calls reveal an emergency, the Telephone Life Line callers contact specified neighbors or relatives of the person in trouble.

"How can we evaluate the benefit to the elderly of just knowing that such a service exists," says Carol Sanderson, an AMPA staff member.

Cooperation with other social service agencies in the community has been an important key to the apparent success of the Syracuse-Onondaga County AMPA.

"Because of the scope and interrelatedness of the problems of aging," says Ann Babic, Director of Syracuse's Metropolitan Commission on Aging, "services and agencies must join in a cooperative effort."

However, as Project Director Lawrie Robertson notes, "Traditionally, when two or more agencies attempt cooperation, one is in the driver's seat and one is in the back."

Such coordination problems have not appeared to plague the Syracuse-Onondaga project, and many observers have asked how the project has been able to achieve successful coordination.

"First," replies Lawrie Robertson, "Syracuse is a sophisticated city in recognizing its need for grant money for programs. To get money, you have to cooperate. There is community readiness for coordination of efforts."

The AMPA staff cooperates with ACCORD (Action Coalition to Create Opportunities for Retirement with Dignity), an advocacy group of senior citizens, which has a mailing list of 18,000 older people. ACCORD publishes a newsletter, arranges discounts for senior citizens, and is currently disputing a rise in public utility fees.

Once a month, about 75 workers from various agencies get together with older persons in the community for the "practitioners' Brown-bag," a sack-lunch meeting at which the workers and elderly share ideas about practices and pro-

gram possibilities for senior citizens.

The Gerontology Center at Syracuse University provides qualified consultants and students for areawide work.

Project organizers recognize that elderly people in the rural county have needs and interests that differ, somwhat, from those of elderly people in the city. They have tried to plan a balanced program.

In addition to areawide interagency coordination, an important element that makes the Syracuse-Onondaga project a success is the interaction of the young and old. Near Toomey Abbott Towers, an apartment building for older people located adjacent to a local university dormitory, for example, young and old share a cafeteria, mingle, and undo mutual isolations. Social work students do field placements as outreach workers and AMPA aides. A media student helped design AMPA videotape publicity for cable television delivery.

Project Coordinator Lawrie Robertson is only 25. Ruth Zaleon, a young social worker who became program specialist for the AMPA project upon leaving graduate school, says, "I like elderly people and enjoy working with them."

In return, Clarabelle Jones, an older black woman who is an AMPA aide, comments, "Old folks say, 'We need the young folks—they know how to get things done.' I'm out there; I know—believe me. We love young people."

But although the project depends heavily on the contributions of young staff, students, and youthful volunteers, it belongs, basically, to the elderly.

As Lawrie Robertson says, "Older people must understand that they have power to get in there and fight. When this happens, you'll see a change in institutions. Older persons should be key in the provision of services."

The elderly of Syracuse and Onondaga County *are* active as volunteers, aides, paid staff, planners, and evaluators for the Areawide Model Project. The AMPA staff is trying to increase the involvement of the elderly even further. It emphasizes the participation of the Advisory Committee, which is made up of 25 older persons who are consumers of the project's services, and seeks Advisory Committee members from among older persons in both the city and county. It includes those who are not already involved in community affairs. The committee participates in planning and evaluating the AMPA programs. It has surveyed senior citizens and prepared a list of their expressed interests, ranked in order of priority. AMPA tries to project the interests and serve the needs of all the elderly.

"Not all services have equal usefulness in the county," says community organizer Carol Sanderson. "People in the county are not eager to be bussed in to a senior center in Syracuse."

An older outreach aide adds, "County people treasure their privacy; they are reluctant to apply for anything—and deny everything that smacks of welfare."

Sometimes, however, they desperately need home repairs, medical care, or just some old-fashioned attention.

Early evaluations indicate that the Areawide Model Project for the Aging in Syracuse and Onondaga County is on course. During its first year, calls and referrals for the project's eight programs totaled thousands.

"The positions of great importance are those in direct service to people," says Lawrie Robertson, "the outreach worker, the Handyman, the volunteer who rides the Dial-a-bus.

"The important thing," he adds, "is how much still needs to be done to get the elderly back in on living." **IN**

Mr. Dickinson, the former editor-in-chief of *Harvest Years*, is a consultant on the problems of aging. Ms. Moody is his research associate.

Like Mother Like Daughter

Mommy beat up daughter. Now daughter is beating up dolly. It's so easy for a child abuser to create another generation of child abusers.

How do you put an end to this grim equation? By helping both children. The daughter. And the mother.

What every agency should know about "No-Fault" Divorce

PAULA DRANOV. Changes in marriage and divorce laws could have profound effects on social service programs. If such changes occur, social services administrators will have to adapt public assistance eligibility, child custody criteria, foster care, and a host of other programs and policies to correspond with the new rules.

For years, lawyers and judges have recognized that something should be done about America's divorce laws, something to standardize them so that getting a divorce doesn't depend on where you live. Even back in the 19th century when divorce was a scandal and a social stigma, the need for some uniformity in the laws was acknowledged. It was top priority in 1892 when the National Conference of Commissioners on Uniform State Laws was formed. Since then, the Commissioners have drafted any number of uniform laws on a broad range of issues, but only in the past few years have they felt the climate favorable enough to push for adoption of a statute that would standardize divorce procedures in all the States.

Today, most legal authorities agree that attitudes toward divorce have relaxed to the point where a serious effort can be made to reform the laws and discard the notion that the only way to get a divorce is to establish that one partner in the marriage has wronged the other.

To be sure, the age-old concept of a divorce suit being brought by the "wronged" party against an erring spouse is giving way. Increasingly, the practice of legally pitting estranged husbands and wives against each other in court battles over who is at fault is yielding to a more amicable system that does away with "grounds" for divorce. In a few States—California, Colorado, Kentucky—there are no "grounds" today. These States are the frontrunners in a trend that eventually may make the "irretrievable breakdown" of a marriage the sole reason for ending it. In still other States—New York, New Jersey, and the District of Columbia—automatic divorce follows a legally specified period of separation.

In States ready for divorce reform, a model statute drafted by the Commissioners on Uniform State Laws gives legislators something to ponder as they approach the emotionally-loaded issue. The Commissioners' proposal, adopted only by Kentucky, so far, encompasses mariage, divorce, and the question of child custody. It has created a stir in the American Bar Association, which has so far refused to consider it, and has drawn fire from the ABA's Family Law Section. The legal argument is not over the need for divorce reform or even over the idea of the breakdown of a marriage as the sole basis for divorce. Instead, the lawyers are wrangling over the wording of the model act. The ABA Family Law Section contends it is too vague and insists that it include some guidelines for judges to go by in deciding what constitutes the "irretrievable breakdown" of a marriage.

Although ABA endorsement usually is sought by the Commissioners before their proposals are offered to State legislatures, the ABA's blessing is more a formality than a necessity. The Commissioners' executive director, William J. Pierce, says his group is ready to go ahead with its proposal and predicts that, "within a decade," most American divorce laws will be modeled upon it.

While legal authorities may accept the concept of "no fault" divorce, it is sure to provoke an uproar in State legislatures. At the heart of the matter is the interest of the State in protecting the sanctity and the stability of home and family. Removing legal impediments to divorce is sure to rouse strong emotions among lawmakers with religious or moral convictions that any divorce is bad and that laws should be written so as to discourage as many as possible.

Realistically speaking, however, in many States it just takes a clever lawyer and a cooperative, determined couple to satisfy a court that the "grounds" stipulated in law do indeed exist. How much of an impediment, after all, are grounds like mental cruelty or adultery if a wife is willing to tell a judge that her husband mistreated her or if a husband is prepared to testify that he was unfaithful?

Divorce reform as envisioned by the Commissioners would do away with the need for this kind of hypocrisy, and it would carry the "no fault" concept into what have become the major battlegrounds in most divorces—property settlements, alimony, and child custody.

Under the present system, the "wronged" partner—the one who "wins" the divorce suit—usually gets a property settlement, alimony, or child custody as some kind of compensation for the "damages" inflicted by the spouse at fault. Since a tradition of gallantry or courtesy usually requires that the wife sue the husband for divorce, he is frequently the big loser when it comes

to money and child custody. The reform measure would require the settlement of these matters without regard to whose fault it was that the marriage broke down.

A couple seeking divorce under the proposed uniform act would follow a vastly simplified procedure. Either party could initiate proceedings in a petition to the court alleging that the marriage is "irretrievably broken." If both parties agree that there is a permanent break, the court would hear the case, consider the evidence, and decide whether the petition should be granted.

Cases where one partner wants a divorce but the other doesn't are a bit more complicated. Essentially, they differ only in that the judge would consider the circumstances that led up to filing the divorce petition and the prospect for reconciliation before the decision.

This is the arena of the Commissioners' proposal that the ABA Family Law Section considers vague. New York University Law Professor Henry Foster argues that, as written, the uniform law could give rise to "unilateral divorce on demand,"—granting a divorce just because one partner wants it. Proponents of the Commissioners' version counter with the argument that if a judge determines that one partner is unwilling to go on with the marriage, the marriage must be considered "irretrievably broken," even over the other spouse's objections.

A proposed revision of this part of the uniform act prepared by the Family Law Section insists upon guidelines for judges to follow in handling such cases. It stipulates that one reason for a finding that a marriage is irretrievably broken should be that the couple has lived apart for a year or more. Without this evidence of separation, it requires that the court have proof of serious marital misconduct before finding that a marriage is irretrievably broken or that attempts at reconciliation have failed and further tries would be useless. "Serious marital misconduct" might be behavior that once constituted "grounds" for divorce.

"After all," Foster insists, "the traditional grounds for divorce are symptoms of a sick marriage. We want dead marriages to be buried, but we don't want a rubber stamp procedure."

A minor feud has erupted between the Commissioners and the Family Law Section on this issue, including charges that the ABA group opposes the law because it would mean less business for attorneys. "You only give lawyers more business when you make divorce easy—they make more money on sheer volume alone," Foster contends. "In California, where the law virtually permits divorce on demand, the lawyers are making more money than ever arranging property settlements."

Indeed, property settlements and the question of alimony often have been the cause of most of the rancor and bitterness accompanying divorce. The concept of alimony itself is fading, especially in these days of women's liberation and the strengthened economic position of women who can fend for themselves in the work-a-day world.

The uniform law doesn't even mention the word. Instead, it speaks of "maintenance"—payments to either husband or wife on the basis of need once the property acquired during the marriage has been divided. Clearly, this kind of economic breakthrough would mean the end of sometimes impossible financial burdens imposed by courts on men, just because they traditionally have been the source of family support. Under the uniform law, maintenance payments might be ordered only for a specified period during which the wife would be expected to get the kind of training needed to find work and support herself.

In deciding these matters, judges also would have to consider such factors as the standard of living established during the marriage, the duration of the marriage, and the age and physical and emotional condition of the partner seeking maintenance.

Primarily, however, the only women who would get maintenance under the uniform law are those who cannot find work outside the home—because they are too old, disabled, ill, or simply untrained—or those who cannot work because they have a child to care for at home.

No maintenance would be awarded in cases where a division of property enables both partners to live comfortably without additional support.

The Commissioners and the ABA Family Law Section disagree again on matters involving property settlement. The Commissioners' version of the law requires that in dividing marital property, judges not consider gifts or inheritances of one partner as part of the package to be divided. The ABA group disagrees with this stipulation, suggesting that a judge be given power, where nec-

essary, to divide not only marital property but also other resources either husband or wife may hold independently. This provision would enable judges to tap a large inheritance, for example, to make sure that the interests of children and the other spouse are protected.

The "no fault" concept envisioned in divorce reform also would extend to the determination of who gets custody of the children. In the past, the wife traditionally has been granted custody, while fathers are awarded visiting rights—rights that sometimes are hard-won only at the end of bitter and angry custody battles.

The uniform law would base custody decisions solely upon the best interests of the child, a requirement that may upset a lot of assumptions that the natural course is to grant custody to the mother. In fact, the usual reason for granting custody rights to women in the case of very young children is because it is presumed in law that—all else being equal—it is in the best interests of the youngsters to be with their mother.

Another presumption that usually works in women's favor is that a parent who has been caring for the child is preferred to a new custodian, simply to provide continuity for the child. Under the uniform law, a judge would be called upon to weigh a variety of factors before assigning custody. But he would specifically be barred from considering the conduct of either parent where it does not affect relationships with the child.

Both the preferences of the parents and the children would be taken into account under the uniform law, as would the relationships between parent and child and the mental and physical health of everyone involved. In contested cases, judges may speak to the children privately in order to determine which parent they prefer to remain with and, if needed, may call in consultants—psychologists, physicians, or other professionals—or friends and relatives during the decisionmaking process.

Although the main emphasis of the reform law is on divorce and its attendant problems of child custody and property settlements, it also is aimed at standardizing once and for all the diverse State laws on marriage.

At present, the "age of consent" for marriage differs markedly from State to State, and often is lower for women than it is for men. The uniform law proposed by the Commissioners would standardize this age at 18. Youngsters age 16 or 17 also would be permitted to marry, but only with the consent of their parents or guardians, or with judicial approval. Anyone under 16 seeking to marry would be required to have not only parental consent, but also the approval of the courts.

The age limit set by the Commissioners is another bone of contention between them and the ABA Family Law Section which proposes that no one under the age of 21 be eligible to marry without parental consent. The Special Committee which drew up the Family Law Section's proposed revisions of the uniform act explained that it voted to set the age limit at 21 in view of the fact that early marriage has been found to be a substantial factor in the Nation's high divorce rate.

The Uniform Act also drastically cuts down on the number of "prohibited marriages"—those not permitted by law for various reasons in various States. The only prohibitions suggested by the Commissioners apply to bigamous or incestuous unions. It specifically forbids marriages between a parent or grandparent and child (ancestor and decendant), brother and sister (either by blood or adoption), uncle and neice, or aunt and nephew—except where such unions are sanctioned by the established customs of ethnic cultures, including some Indian tribes, Alaskan natives, or Polynesians.

Marriages under the proposed code could be performed by judges, public officials, or those recognized by religious groups, Indian nations, or native groups.

In keeping with the trend toward weddings without traditional white-tie-and-tails trappings, and the new mode for ceremonies and vows devised by the bridal couple, the proposed law would permit couples to marry themselves to each other without officiants, providing that one of them completes the certificate and forwards it to the clerk.

Clearly, legal thinking on the whole issue of marriage and divorce is accommodating itself to modern-day realities. Whether traditionally-minded clergymen, legislators, and the public itself are ready for "no fault" divorce and "do-it-yourself" marriage remains to be seen. But the increasing number of States permitting automatic divorces after specified periods of separation is one indication that the day may not be too long in coming before the law squares with social practice.

At present, only Kentucky has adopted the whole marriage and divorce reform package proposed by the Commissioners. Colorado has passed the divorce section and action is pending on the marriage code there. The Commissioners' Executive Director Pierce may be too optimistic in predicting that it will only be a decade before meaningful nationwide marriage and divorce reform are achieved. It is a battle that will have to be waged step by step, State by State, and it is certain to be a hard-fought one in areas where strong religious and moral forces adamantly oppose any relaxation of attitudes toward divorce.

Certainly the running feud on the reform measure between the ABA family law group and the Commissioners will make its mark as States debate how far to go in modernizing divorce laws. But even these two opposing forces do agree on the central issue—that there should be a law that takes the hypocrisy, bitterness, and blame out of divorce and allows dead marriages to be buried as quietly and painlessly as possible. IN

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From identifying goals to monitoring and evaluating results, each step in the social service planning process is an important one.

Eight Steps for Better Planning

ANTHONY M. SALVATORE. Successful social service delivery programs don't just happen; they must be carefully developed through the planning process. The process is not mysterious, but it is composed of a number of interrelated steps, many of which can be accomplished in a number of different ways.

The first step in the social service planning process is *goal identification.* All planning takes place in relation to some general goals, ideal values that are not necessarily achievable but that serve as general incentives for action. In fact, social service planning can be defined as the development, implementation, and on-going evaluation of a course of action to meet specific goals related to needs.

Planning is frequently characterized as goal-setting behavior. But social services planning is more typically concerned with the refinement of preexisting goals than with actual goal setting. The existing goals may originate from an organization's statement of purpose, a generalized concern of some community group, or a mandated policy or regulation.

Whatever the source, goals of some sort are generally already in existence at the outset of the social services planning process. Identifying them and setting them down starts the planning process in motion as a means of working towards them.

The exercise of goal review at the outset of the planning process will facilitate effective social services planning not only by keeping eventual program development within regulation and policy limits but also by basically distinguishing what can be done from what cannot.

The goals identified by the planner and the regulations and policies he must work under are likely to define the target population to be served, the problems and needs to be met, the kind and range of services to be provided, and the geographic area which will be the focus of the program. In the second phase of the social services planning process, needs must be assessed in light of these goals and policies. The result of this *needs assessment* phase should be a statement on conditions of need that can be targets for action under the established policies.

The choice of methods for studying needs is limited by the available skill, manpower, time, and funds, and by the scope and nature of the data required. The five approaches listed below are commonly employed:

Community surveys: utilizing questionnaire and sampling techniques to poll sections of the community. While the need data gathered through surveys is useful, the problems of carrying out such studies makes this empirical approach impractical in many cases.

Staff surveys: asking people routinely concerned with service delivery what needs they perceive. While less objective than surveys in the community, these staff surveys are less expensive and easier to conduct, because the respondents are more accessible.

Use of available data: taking advantage of the variety of quantitative data routinely collected in every community. The most recent census, social agency records, and previously-completed surveys. This research method is the least costly.

Analysis of demonstrated demand: monitoring rates of inquiry about, requests for, or delivery of services. This method requires building a data collection process into the intake components of information and referral programs, neighborhood service centers, and other social agencies. It is a practical alternative to staff or community surveys.

Consumer participation approaches: the use of public hearings, forums, meetings, and advisory groups to generate the expression of consumer ideas and incorporate them into the planning process. Although such means are often employed and may work well, they run the

inherent risk of resulting in findings that are overrepresentative of the views of the best organized and most vocal groups in the community.

Selection of an appropriate needs assessment method is important because the data gathered through research is the basis for later planning decisions. A combination of methods, allowing the planner to optimize the advantages and offset the disadvantages of each, may often be the best approach to needs assessment.

In the third planning phase, that of *resource identification*, the planner must determine the availability of resources and match them with specific needs. The ideal resource is an existing delivery system that could serve the needs of the project. This ideal, however, is rarely found. More frequently, the planner identifies such component resources as funds, manpower, materials, and facilities, from which a viable program can be fashioned.

Because resources are basically scarce, resource identification can be frustrating and time consuming. Planners, therefore, should make use of specialists available at local, State, or national levels of government who may be able to suggest possible resources. In addition, planners should assemble and regularly update a resource inventory as an on-going planning support function. Except for some special funds, resources are seldom labeled for specific purposes.

Priority setting, the fourth phase of social service planning, is simply a process of ranking concerns according to given criteria or values so that the order in which the needs will be attacked through program development can be established. Planning is basically a process of narrowing the range of choice and focusing for eventual action. The rationale for priority setting is the inherent scarcity of resources at both the planning and delivery stages which precludes working on all the needs at one time.

Priority setting is largely a judgmental rather than a technical operation, but a number of priority-setting techniques have been developed:

1. Ranking needs according to severity: the straightforward ordering of demonstrated needs according to either the absolute number of persons affected or how seriously each need endangers those affected, regardless of their numbers. One problem with this approach is the frequent unavailability of statistical data to permit exact determination of severity.

2. Ranking needs according to the availability of resources: ordering needs so that the ones that are in the best position in terms of resources receive priority, while severity of need is only a secondary consideration. Although pragmatic, this approach is opportunistic and limitations of time often prohibit the enumeration of all applicable resources so that the rankings are not always true.

3. Ranking as an administrative prerogative: passing the task of priority setting from the planner to the realm of administrative decisionmaking. Administrators may be limited in their access to information on need, bound by time constraints, and confronted by the cumulative effect of their past decisions, by their personal values, and by an array of competing interests. Administrative ranking, however, can provide the one factor required for viable priority setting —clout.

4. Ranking as a process of participation: asking those who are to be affected by the program to take part in setting priorities. Such participation by individual consumers and community groups is seldom encouraged, although it can be very helpful. Staff participation in priority setting is also possible and desirable.

Once set, priorities for a particular planning process are considered to be fixed. Yet changes in the availability of resources and the conditions of need in the community can make priority setting an on-going activity.

The process of analyzing the priority needs in terms of component activities that are required to meet each in its entirety is the fifth phase of social service planning, the *establishment of objectives*.

For example, if one of the priority needs is improved access to nursing homes and other residential care facilities for the chronically ill or aged in the community, the objectives established might include increasing availability of information on current services; improving screening, assessment, and referral practices; and lessening the impact of negative attitudes toward residential care facilities on the part of individuals in need of such care and their families.

The planner should attempt to be as specific as possible in establishing objectives. Unlike goals, which are not necessarily attainable, objectives must be possible to accomplish. In addition, because they are the benchmarks against which the resulting social service delivery program will be evaluated, they must be stated in such a way that progress toward their attainment can be measured. The objectives must be derived from goals and must be devised so that their attainment demonstrates action toward goals.

After formulating the specific objectives of the program, the planner must *consider alternate approaches* to meeting them. This sixth stage of the planning process involves two activities. The first, which can be called "means identification," begins with an attempt to designate all possible methods of attaining the stated objectives. In most cases, the planner will only be able to identify a relatively small number of options, but he should attempt to be exhaustive. In the event he cannot locate an available approach, he must be prepared to design one, by modifying an available approach, assemblying a program from elements of other approaches, or developing a completely new program specially drafted to meet the stated objectives with available resources.

The second activity in considering alternative approaches to meeting objec-

tives is "means selection." It is concerned with deciding upon a course of action from among the alternatives. Generally, the planner will be faced with a range of feasible choices. Ideally, the task should be purely technical and should rely as much as possible on cost-benefit techniques. In reality, however, the planner must usually fall back upon judgment. An attempt can be made to establish criteria by which to evaluate how well each of the alternative approaches is likely to meet the stated objectives in terms of such tangible factors as cost, staffing, number served, resources needed, and so forth. By assigning weights, an overall ranking of alternatives can be made. The planner must pick the one alternative that can be most readily executed and that will most effectively meet the stated objectives. The selected approach should possess "face validity," appearing reasonable in the context of the problem.

The seventh phase of planning, that of *program implementation*, includes all activities related to getting the selected program approach into full operation. The planner will seldom be solely responsible for action at this phase of the process. His role will vary according to the implementation strategy that has been chosen.

Implementation involves plotting a sequence of actions to carry out the chosen program alternative, making the necessary arrangements, and acting. As such, it is very much a program-building process, in which the "building blocks" are the resources: funds, manpower, materials, facilities, etc. If all previous steps in the planning process have been followed, the planner should already have a proposed program approach when he reaches the implementation phase. He should be ready to mobilize resources to generate action.

In general, established service organizations implement programs through the following processes:

- reallocating such onhand resources as present staff and funds to the proposed new program within the agency
- using available staff or funds from outside the agency
- requesting additional funds, from the agency's regular capital funding source (united community funds, local or State government, etc.)
- applying for grants from governmental or foundation sources
- working out referral or compact arrangements with other agencies
- using voluntarily contributed resources, including materials, funds, facilities, or volunteer manpower, and
- fundraising.

If no established service agency is involved in a program, implementation can take place through only the last four activities listed above.

Implementation may call for specialized skills the planner may not possess. In addition to administrative skills, these may include the skills of the "grantsman," the community organizer, the fundraiser, the public relations specialist, the politician, and the salesman. Often, however, specialists are not available and the planner, although not specifically trained for these duties, will have to play one or more of these roles himself.

After a program is implemented, *monitoring and evaluation* activities are necessary to provide feedback about the operation of the program and allow modification of the program, when indicated. While these activities constitute the final stage of the planning process, they are actually the basis for continued planning. They permit the service delivery program to grow and to function as a self-correcting system.

Monitoring is basically the process of checking a program's performance. It may be accomplished by a routine flow of certain types of information through a central source for processing or by gathering information from direct observation of the program's functioning. Good monitoring will combine both approaches. The focal points for monitoring will be determined by what information is needed for good program management. Minimum kinds of information required are:

- number of eligible consumers who requested service
- number of eligible consumers who received service
- number of eligible consumers who did not receive service
- number and kinds of unmet needs
- number and kinds of services delivered, and
- number of ineligible consumers who requested service.

These measures should be adequate indicators of how the specific program objectives are being met. Such other measures as units of manpower expended, kinds of staff activity, and amount of cost outlays can serve to indicate the rate at which resources are being consumed.

Evaluation involves many of the same factors as monitoring but usually constitutes a more comprehensive and deep examination at a particular point in time. It is basically a comparison of a program's actual outcome with the original objectives. As such, evaluation can help determine whether or not the current program is the best way of reaching the stated objectives and, also, whether the original objectives continue to be valid.

Program evaluation must be as objective as possible in attempting to assess how well the stated objectives were achieved in relation to such factors as the total amount of effort and action toward each objective, the actual results of the action, and the efficiency and economy of the program in terms of resources expended. A consideration of such factors as these will lead to definite conclusions about the results of the program. Only a program that has been well planned, however, can be evaluated in a meaningful way. **IN**

Mr. Salvatore is Director of the Public Welfare Resource Development Project at the Health and Welfare Council, Inc., Philadelphia, Pa.

CAREER OPPORTUNITIES

Nutrition

SUPERVISING DIETITIANS. Minimum qualifications for Dietitians plus additional 2 years of experience, or a master's degree and completion of an approved dietetic internship may be substituted for 1 year of experience. $9,814—$11,894. Write: State Dept. of Civ. Serv., State Off. Bldg. Campus, Albany, N.Y. 12226.

DIETITIANS. Bachelor's degree in dietetics or related field, or in home economics with major in nutrition, and 1 year of experience in hospital or therapeutic dietetic work, or completion of approved postgraduate hospital dietetic internship, or master's degree in dietetics or nutrition. $8,648—$10,104. Write: State Dept. of Civ. Serv., State Off. Bldg. Campus, Albany, N.Y. 12226.

DIETITIAN TRAINEES Bachelor's degree with major in dietetics or related field, or home economics. $8,169. Write: State Dept. of Civ. Serv., State Off. Bldg. Campus, Albany, N.Y. 12226.

DIETITIAN I. Bachelor's degree with major work in dietetics, institutional administration, or hotel administration. $8,163—$10,432. Write: Pa. State Civil Service Commission, Bureau of Recruitment, Rm. G-53, So. Office Bldg., Harrisburg, Pa. 17120.

Social Work Supervision

ASSISTANT DIRECTOR—PROGRAM SERVICES. (Arizona Economic Security Dept.) Minimum of 5 years high-level managerial experience involving administrative direction of subordinate supervisors engaged in a variety of activities and which includes responsibility for program development and directions in the rehabilitation or social service field or both. $20,680-$26,782. Write: Arizona State Personnel Commission, 1831 West Jefferson, Phoenix, Ariz. 85007.

SUPERVISOR (VR-STATE INDUSTRIAL SCHOOL). Master's degree and 5 years of experience. $10,014—$12,144. Write: Training Officer, Division of Vocational Rehabilitation, 105 Loudon Road, Concord, N.H. 03301.

SOCIAL WORKER. MSW. Experience preferred but not required. $9,630—$15,550. Write: Administrator, Somerset County Guidance Center, 205 West Main St., Somerville, N.J. 08876.

DIRECTOR. MSW and 8 years of experience in public welfare, five in an administrative or consultative capacity. $18,143—$23,843. Write: Dept of Personnel. State Office Bldg., 301 West Preston St., Baltimore, Md. 21201. Attn: Mrs. Adele W. Dutton.

STATE WELFARE SUPERVISOR B. MSW plus 2 years of experience. Additional experience may substitute for graduate study on 2 for 1 basis. $10,032—$13,728. Write: Personnel Supervisor, Virginia Commission for Visually Handicapped, 3003 Parkwood Ave., Richmond, Va. 23221.

WELFARE SERVICES SPECIALIST. MSW plus 18 months of experience. Additional experience may substitute for graduate study on 2 for 1 basis. $9,600—$13,128. Write: Personnel Supervisor, Virginia Commission for the Visually Handicapped, 3003 Parkwood Ave, Richmond, Va. 23221.

STATE WELFARE SUPERVISOR C. MSW plus 3 years of experience, one year in consultative, administrative, or supervisor capacity. Additional experience may substitute for graduate study on 2 for 1 basis. $10,992—$15,000. Write: Personnel Supervisor, Virginia Commission for the Visually Handicapped, 3003 Parkwood Ave., Richmond, Va. 23221.

DIRECTOR OF SOCIAL SERVICES. MSW and 3 years of experience, 2 years working with the retarded. $12,732—$15,337. Write: Associate Administrator, Division of Mental Hygiene and Mental Retardation, P.O. Box 2460, Reno, Nev. 89595.

Casework

CLINICAL SOCIAL WORKER 10. To perform professional social work activities in a state training center for the mentally retarded and emotionally disturbed. Possession of a master's degree and two years experience in social work gained subsequent to obtaining a bachelor's degree. $11,379—$13,926. Write: Administrative Officer, Northville Residential Training Center, 41001 Seven Mile Road, Northville, Mich. 48167.

MEDICAL SOCIAL WORKER—A Master's degree. $8,040—$8,784. Write: Merit System Supervisor, 300 State Finance Bldg., Richmond, Va. 23219.

SOCIAL WORKER I. Master's degree. $9,408—$11,712. Write: State Personnel Commission, P.O. Box 6756, Phoenix, Ariz. 85005.

SOCIAL WORKER II. Master's degree plus 2 years of experience. $11,004—$13,680. Write: State Personnel Commission, P.O. Box 6756, Phoenix, Ariz. 85005.

SOCIAL WORKER III. Master's degree and 2 years of experience in supervision. $11,916—$14,832. Write: State Personnel Commission, P.O. Box 6756, Phoenix, Ariz. 85005.

SOCIAL SERVICE WORKER III. Bachelor's degree and 3 years of experience or 1 year of graduate work and 1 year of experience. $8,748—$10,656. Write: State Personnel Commission, P.O. Box 6756, Phoenix, Ariz. 85005.

CENTER COUNSELOR. To work with handicapped public assistance recipients in training and finding them jobs in the community. B.A. or B.S. in psychology or social service related field. $7,250. Write: Director, Griffin Community Workshop, P.O. Box 323, Griffin, Ga. 30223.

DIRECTOR, JUVENILE COURT DIAGNOSTIC AND EVALUATION TEAM. To coordinate a 12-member team preparing social history investigations and treatment plans for children referred by the court. Master's degree and some additional credits toward the doctorate. $12,600. Write: Court Administrator, Norfolk Juvenile and Domestic Relations Court, 800 E. City Hall Ave., Norfolk, Va. 23510.

SOCIAL WORKER I. MSW. $8,544—$10,908. Write: Children's Services Division, 507 Public Service Building, Salem, Oreg. 97310.

SOCIAL WORKER II. MSW plus 2 years of experience. $9,432—$12,012. Write: Children's Services Division, 507 Public Service Building, Salem, Oreg. 97310.

SOCIAL WORKER III. MSW plus 4 years of experience. $10,392—$13,272. Write: Children's Services Division, 507 Public Service Building, Salem, Oreg. 97310.

Administration

STATISTICAL CONSULTANTS. To provide advisory services to governments in the area of health statistics. Master's degree in statistics and public health with at least 4 years of experience in health statistics. Excellent knowledge of English or Spanish or

Portuguese. $13,578—$17,568. Write: Chief, Personnel Section, Pan American Health Organization, Regional Office of the World Health Organization, 525 Twenty-Third St., N.W., Washington, D.C. 20037

REGIONAL COMMISSIONERS (3). To oversee the development of programs for the disabled in private facilities, group homes, and State schools and hospitals for the mentally retarded. $16,170—$21,672, depending on education, and experience. Write: Dept. of Public Welfare, Room 302, Health and Welfare Bldg., Harrisburg, Pa. 17120.

HOSPITAL SUPERINTENDENTS. Penna. medical license and 6 years of clinical experience, including 4 years in an administrative or supervisory capacity and board certification or eligibility for certification as a pediatrician, psychiatrist, neurologist, or internist. $27,697—$35,391. Write: Deputy Secretary for MH/MR, Room 308, Health and Welfare Bldg., Harrisburg, Penna. 17120.

ASSISTANT SUPERINTENDENT (Correctional Diagnostic Treatment Facility). Bachelor's degree with major work in psychology, sociology, penology or a related social science. Four years of experience, including 1 year of administrative. Master's degree may be substituted for 1 year of experience. $12,948. Write: Superintendent, Correctional Diagnostic Treatment Facility, P.O. Box B, St. Albans, Vt. 05478.

Mental Health

PSYCHIATRIST. Medical degree. Board eligibility or certification. Salary range negotiable, depending on experience. Write: Administrator, Somerset County Guidance Center, 205 West Main St., Somerville, N.J. 08876.

PSYCHOLOGIST (PRISON). B.S. or B.A. degree; one year graduate work with M.S. or M.A. in psychology; all requirements for Ph.D. except language exams and doctoral thesis. $12,144—$15,038. Write: Training Officer, Division of Vocational Rehabilitation, 105 Loudon Road, Concord, N.H. 03301.

TEAM MANAGER. M.D. Board eligible in psychiatry or Ph.D., plus 5 years of experience or M.A., plus 7 years of experience. Three years of this experience must have been working with people with mental disabilities and one year as the responsible person for a multi-discipline treatment team using non-professionals for service delivery. $25,000. Write: Employee Expeditor, BGH—CMHC, 80 Goodrich St., Buffalo, N.Y. 14203.

PSYCHIATRISTS. M.D. Board eligible and N.Y.S. license. Responsible for medically mandated services in an innovative mental health center. $31,000. Write: Employee expeditor, BGH—CMHC, 80 Goodrich St., Buffalo, N.Y. 14203.

PSYCHOLOGIST B. MSW plus 2 years of experience, one year of which must have been under technical supervision or licensure in the State as a psychologist or clinical psychologist. $9,168—$13,728. Write: Personnel Supervisor, Virginia Commission for Visually Handicapped, 3003 Parkwood Ave., Richmond, Va. 23221.

CHILD PSYCHIATRIST 18. To direct psychiatric services in a state training center for emotionally disturbed children in an in-patient setting. One year of experience as a psychiatrist in a mental hospital or clinic subsequent to obtaining board certification in psychiatry or neurology. $27,791—$34,368. Write: Administrative Officer, Northville Residential Training Center, 41001 Seven Mile Road, Northville, Mich. 48167.

SENIOR PSYCHOLOGIST. To operate rural mental health clinic. Master's degree and 4 years of experience. $13,000 and negotiable. Write: Psychologist-Administrator, Southeastern Colo. Family Guidance Center, Otero County Court House, La Junta, Colo. 81050.

MENTAL RETARDATION PROGRAM SUPERVISOR 10. To supervise residential program in a state training center for the mentally retarded. Two years experience subsequent to obtaining bachelor's degree in either social work, psychology, nursing, education, vocational rehabilitation, speech and audiology or one of the adjunctive therapies (music therapy, recreation therapy, physical therapy, occupational therapy, and industrial therapy), one year of which shall have been in the field of mental retardation. $10,732—$13,217. Write: Administrative Officer, Northville Residential Training Center, 41001 Seven Mile Road, Northville, Mich. 48167.

Manpower Services

DIRECTOR OF RESEARCH AND EVALUATION. Master's degree in behavioral sciences, Ph.D. preferred. Experience in survey research and statistics, experience in evaluation of social action programs desirable. $16,000—$20,000. Write: Correctional Manpower Services Project, 203 North Wabash Ave., Suite 2210, Chicago, Ill. 60601.

DIRECTOR OF PLANNING, EVALUATION AND RESEARCH (Health Care). Master's, Doctorate or Medical degree preferred. 2 years of experience relating to health care systems. $14,000—$24,000. Write: Vanderbilt University Professional Recruitment, 110 Baker Building, 110-21st Ave., So., Nashville, Tenn. 37203.

MANPOWER PLANNING SPECIALIST. Master's degree in planning, business administration, industrial engineering or social sciences desirable. Ability to write well required. $15,000—$18,000. Write: Correctional Manpower Services Project, 203 North Wabash Ave., Suite 2210, Chicago, Ill. 60601.

EXECUTIVE DIRECTOR (Mental Retardation). Bachelor's degree with administrative or supervisory experience. Salary is negotiable. Write: Chairman of Board, LOMR, 2202 So. 11th St., Lincoln, Nebr. 68502.

Health Services

PUBLIC HEALTH NURSE 3. MSW in nursing or public health and 3 years of experience, 2 years of which were in a supervisory, consultative or teaching capacity. $13,500—$15,120. Write: Administrative Officer, Wisconsin Division of Health, P.O. Box 309, 1 West Wilson St., Madison, Wisc. 53701.

CLINICAL NURSE 08. To supervise and participate in professional nursing in the care and treatment of mentally retarded residents at a state training center. One year of professional nursing experience or possession of a master's degree in nursing or a related field. $9,771—$11,985. Write: Administrative Officer, Northville Residential Training Center, 41001 Seven Mile Road, Northville, Mich. 48167.

CLINICAL NURSE 08 (PSYCHIATRIC). To supervise and participate in professional nursing in a state training center for emotionally disturbed children. One year of professional nursing experience in a psychiatric setting. $9,711—$11,985. Write: Administrative Officer, Northville Residential Training Center, 41001 Seven Mile Road, Northville, Mich. 48167.

PSYCHIATRIC NURSE I. Graduation from an approved school of professional nursing plus completion of a nine month internship or one year of psychiatric nursing experience. $8,821—$11,141. Write: Pa. State Civil Service Commission, Bureau of Recruitment, Room G-53, South Office Bldg., Harrisburg, Pa. 17120.

PSYCHIATRIC NURSE INTERN. Graduation from an approved school of nursing. $7,907—$10,098. Write: Pa. State Civil Service Commission, Bureau of Recruitment, Room G-53, South Office Bldg., Harrisburg, Pa. 17120.

COMMUNITY HEALTH SERVICES PLANNER. For health services planning through committees and through direct con-

sultation with agencies, groups and organizations. MSW or equivalent in Public Health, Health Education, Hospital Administration, Comprehensive Health Planning, Rehabilitation, Social Service or other health-related graduate training, plus several years of experience. Salary open. Write: Executive Director, Community Health and Welfare Council of Hennepin County, Inc., 404 So. 8th St., Minneapolis, Minn 55404.

PUBLIC HEALTH NURSE TRAINEE. Graduation from an approved school of nursing. $7,407—$9,454. Write: Pa. State Civil Service Commission, Bureau of Recruitment, Room G-53, So. Office Bldg., Harrisburg, Pa. 17120.

PSYCHIATRIC SOCIAL WORKER. To coordinate Day Care Facility. Master's degree. Salary negotiable. Write: Director, Prince William County Community Mental Health Center, 9590 Surveyor Court, Manassas, Va. 22110.

PUBLIC HEALTH NURSE 1 or 2. MSW and at least one year of experience and one year in a supervisory, consultative, or teaching capacity. $10,536—$12,360. Write: Administrative Officer, Wisconsin Division of Health, P.O. Box 309, 1 West Wilson St., Madison, Wisc. 53701.

Faculty Appointments

FACULTY. Master's preparation in a clinical major in nursing. Teaching experience on the university or college level is required. Experience in gerontological nursing preferred. Write: Assistant Dean, U. of Cincinnati, College of Nursing and Health, 3110 Vine St., Cincinnati, Ohio 45219.

ASSISTANT PROFESSOR. To plan, develop and teach courses in corrections and criminology. Doctorate and experience in corrections preferred, but will consider doctoral candidates. Salary dependent on qualifications. Write: Director, Corrections Program, Chicago State U., 95th and King Drive, Chicago, Ill. 60628.

FIELD INSTRUCTOR. To teach an undergraduate course in sociology and be responsible for field instruction in an innovative grant supported associate of arts degree program. Master's degree in social work, psychiatric nursing or psychology, with two years of experience. $8,000 for 8 months. Write: Director, Human Services, Vermont College, Montpelier, Vt. 05602.

Mail your agency's classified listings to Editor, HUMAN NEEDS, DHEW-SRS, Washington, D.C. 20201. Applicants should apply directly to the hiring agency, NOT this magazine. No "situation wanted" or nongovernmental listings accepted. There is no charge or fee of any kind for this service.

Medical Services

PHYSICIAN. M.D. Board eligible and N.Y.S. license. Responsible for medically mandated services on a 20 bed in-patient emergency psychiatric unit. $31,000. Write: Employee Expeditor, BGH—CMHC, 80 Goodrich St., Buffalo, N.Y. 14203.

LICENSED PHYSICIAN. GP or Internist background. $25,000—$29,580. Write: Medical Recruiter, Dept. of Personnel, 521 State Office Bldg., Springfield, Ill. 62706.

INTERNIST. Medical degree. Experience is desirable but not mandatory. Part time work considered. Virginia license required. Salary open. Write: Chief of Health Services, Northern Virginia Training Center, 9901 Braddock Rd., Fairfax, Va. 22030.

PHYSICIAN. Medical degree. Experience is desirable but not mandatory. Part time work considered. Virginia license required. Salary open. Write: Chief of Health Services, Northern Virginia Training Center, 9901 Braddock Rd., Fairfax, Va. 22030.

PEDIATRICIAN. Medical degree. Experience is desirable but not mandatory. Part time work considered. Virginia license required. Salary open. Write: Chief of Health Services, Northern Virginia Training Center, 9901 Braddock Rd., Fairfax, Va. 22030.

Rehabilitation

VOCATIONAL EVALUATOR. Bachelor's degree in industrial arts education, sociology or psychology. Masters degree with testing/counseling experience preferred. $10,000. Write: Vocational Evaluation Unit, 3987 University Drive, Fairfax, Va. 22030.

REHABILITATION COUNSELOR. To provide counseling and casework services to hearing handicapped and deaf children and adults, including interpreting services. Must be hearing-impaired or deaf, competent in the language of signs, and possess a B.A. degree. M.S. degree desirable but not required. $8,496—$11,172. Write: Assistant Personnel Director, Minnesota Dept. of Public Welfare, Centennial Office Bldg., St. Paul, Minn. 55155.

ORIENTATION AND MOBILITY SPECIALIST. To train blind and legally blind for independent travel. Coordinate mobility training through mobility aid and self. Bachelor's or Master's degree in orientation and mobility. $9,500—$10,500. Write: Director of Rehabilitation, Toledo Society for the Blind, 1819 Canton Ave., Toledo, Ohio 43624.

ACTIVITIES THERAPY DIRECTOR 13. To direct and coordinate the activity therapy program in a state training center for the mentally retarded and emotionally disturbed. Five years of professional experience subsequent to obtaining the bachelor's degree in occupational therapy, music therapy, recreational therapy, physical education, recreation therapy, vocational education or rehabilitation, two years of which shall have been gained in a mental health setting. $14,720—$18,583. Write: Administrative Officer, Northville Residential Training Center, 41001 Seven Mile Road, Northville, Mich. 48167.

REHAB. SOCIAL WORKER B MSW plus 2 years of experience $9,168—$12,000 Write: Personnel Supervisor, Virginia Commission for Visually Handicapped 3003 Parkwood Ave., Richmond, Va. 23221.

LICENSED PHYSICAL REHAB. THERAPIST. Graduate from approved school of physical therapy with PES test plus one year of experience. $9,720—$10,920. Write: Medical Recruiter, Dept. of Personnel, 521 State Office Bldg., Springfield, Ill. 62706.

Adult and Aging Programs

PROGRAM DIRECTOR. To plan and implement programs for resocialization, recreational, and skill development groups in a mental health program. MSW $11,000. Write: Executive Director, Operation Friendship, 8522 West McNichols, Detroit, Mich. 48221.

PROGRAM DIRECTOR. To plan and implement programs for resocialization, recreational, and skill development groups directed toward avoiding institutionalization of the aged (over 60). MSW. One year post-master's experience required, preferably with the aged. $11,000. Write: Executive Director, Operation Friendship, 8522 West McNichols, Detroit, Mich. 48221.

SPECIALIST IN AGING I. To collect and communicate information about status of senior citizens, to train and supervise staff. Master's degree or bachelor's and 1-2 years of experience in related field, or equivalent experience and training. $9,612. Write: Dir., Sr. Central, Mayor's Office for Sr. Citizens, 223 N. Michigan Ave., Chicago, Ill. 60601.

SPECIALIST IN AGING II. To administer field program. Master's degree and 2-3 years of experience or bachelor's degree and 3-5 years of experience. $11,700. Write: Dir., Sr. Central, Mayor's Office for Sr. Citizens, 223 N. Michigan Ave., Chicago, Ill. 60601.

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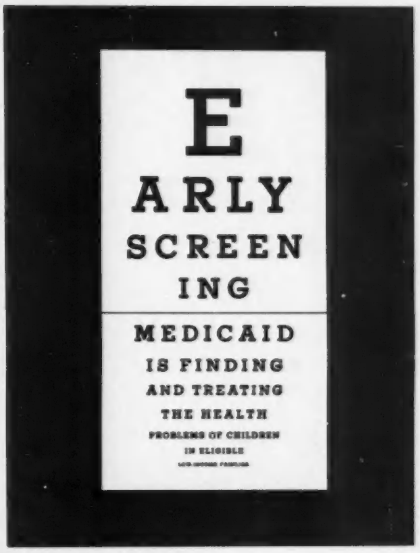

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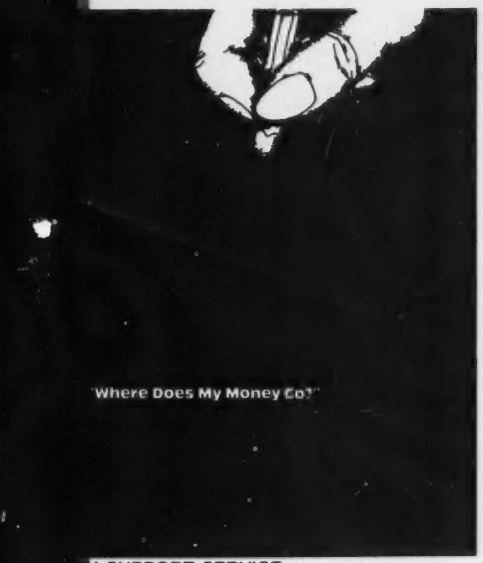

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